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## Will Elderly Seasonal Nomads Need Health Services?

### SYNOPSIS

THE HEALTH CARE needs of 44 elderly, seasonal migrants to a remote desert town in Arizona were examined in this study. Findings suggest that the convenience sample differed from the general population in that they reported good to excellent health, low utilization of health services during the past year, and high levels of social support from family and friends.

The seasonal migration in recreational vehicles of retired, elderly individuals is relatively a recent phenomenon. Little is known about the health care needs and utilization patterns of this sizeable group who leave their familiar surroundings to travel considerable distances, often to remote locations, to live for several months each year. The problems associated with forecasting and planning health care services—escalating costs, shifting illness patterns and changing family systems—are exacerbated in remote communities such as Quartzsite, Arizona, which is renowned for an annual influx of 250,000 to 500,000 retired, elderly migrants during the winter season.

Quartzsite is a small town in the Mohave Desert with a permanent population of about 1800. Tourism is the foundation of the community's economy. Several restaurants, three motels, and a small grocery store are located along an interstate highway near the border with California. Quartzsite has no city water or sewage disposal services, and both temporary and permanent residents depend on individual wells for water and septic tanks for waste. The nearest hospital is 22 miles away; the nearest pharmacy, 35 miles away. The town has a volunteer fire department, an ambulance service, and one part-time and two full-time physicians. Fire department volunteers have assumed primary responsibility for responding to health emergencies.

The flocklike entry of the migrants begins in early October when mild temperatures are ushered in, and their departure occurs on a massive scale about six months later, well before July when the average temperature rises to over 110 degrees. Migrants who arrive earliest take advantage of the few full-service hookups for recreational vehicles located in the downtown area. Later arrivals park their recreational vehicles in concentric zones increasingly distant from downtown Quartzsite. Those last to arrive park some 20 to 30 miles outside of town, where the only "service" available is an unmarked, dusty parking space. Waste water is either retained in the RV's holding tank and dumped in a Quartzsite waste station or dumped in an undesignated area near the remote camp site.

The State's Department of Health Services has expressed concern about sanitation in the community, and officials from that department have made futile attempts to restrict the size of the population influx. Permanent residents oppose such measures seeing them as threats to their economic survival.

What are the health care needs of the elderly, temporary residents who invade a remote community such as Quartzsite? Estimating health care needs by determining the actual number of migrants to a site is an overly simplistic approach. Need is more appropriately conceptualized as an interaction between the individual's perception of impairment or illness and actual impairment or disease state. To explore the service needs of seasonal nomads, we gathered data on subjective assessments of health status<sup>1</sup>, utilization of health care services in the recent past, and level of support by social and family networks<sup>2</sup>. Forty-four elderly migrants, who were attending a swap-meet on the outskirts of Quartzsite, voluntarily completed a survey form which contained questions regarding their perceived health status, their recent illnesses, physician visits, and hospitalizations, and frequency and type of social support received from family members and friends. This convenience sample completed the survey form during the fall, which is the early part of the seasonal migration.

Interviewees reported good to excellent health, low utilization of health services during the prior year, and high levels of social support as described in the related research literature. Their health service needs were modest; generally they had chronic diseases such as hypertension, arthritis,

and respiratory problems that can become symptomatic and disabling but are not life threatening. Most saw their primary physicians on an annual basis, took few medications for their illnesses, and reported few recent hospitalizations. They saw their health care needs as minimal. The authors concluded that additional emergency services would meet any unexpected needs.

Based on the preliminary data, we infer that retirees choose seasonal migration to underdeveloped areas through a self-selection process based on a combination of health, personality, income, and lifestyle preference. A more comprehensive understanding of this emerging retirement lifestyle<sup>3</sup> is needed to identify health service needs prior to implementing any new programs or services.

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#### References

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